

MEDICARE SUPPLEMENT REPORTING REQUIREMENTS

The following documents are required from all insurers either writing Medicare Supplement insurance and/or insurers that have Medicare Supplement policies in force.

Description	Annual Due Date	Accepted Through SERFF	Insurance Hawaii Administrative Rules (HAR) Reference
<u>Medicare Supplement Insurance – Multiple Policies Report</u> ^{1/}	03/01	No	HAR §16-12-12.6 Exhibit B, Appendix B (Page B-2)
<u>Medicare Supplement Insurance – Medicare Supplement Refund Calculation Form</u> ^{2/}	05/31	Yes	HAR §16-12-7(b)(1) Exhibit D, Appendix A (Pages D-1, D-2) and Exhibit E (Pages E-1, E-2)

^{1/} Please mail this report to:

State of Hawaii, DCCA, Insurance Division
Attn: Market Conduct
335 Merchant Street, Room 213
Honolulu, HI 96813

For questions on this report, please contact Market Conduct Branch at (808) 586-2790 or email the branch at insurance@dcca.hawaii.gov.

^{2/} Please submit the Medicare Supplement Refund Calculation Forms through SERFF. When submitting the filing please use the appropriate Type of Insurance (TOI) under “MS – Other”. The SERFF Filing Type should be “Informational”. In the Filing Description include “**Medicare Supplement Refund and Benchmark Calculation Reports**”. For questions on this report contact the Rate & Policy Branch at (808) 586-2809 or email branch at insrpaLAH@dcca.hawaii.gov.